



X-ray Permit Application Form

University of Toronto Radiation Protection Authority

Please review the [Guide for the Completion of an X-ray Permit Application](#) before submission

Permit Holder Name: _____

Department: _____

Position/Title: _____

E-mail: _____

Office Location: _____

Office Phone No.: _____

Lab Location(s): _____

Relevant Qualifications (X-ray related):

Previous X-ray safety and work experience:

X-ray source(s) to be registered:

#	Building	Room	Manufacturer	Model #	Serial #
1					
2					
3					

#	Type ^{1,3}	kVp	mA	Use ²	Workload (mA*min/week)
1					
2					
3					

Notes:

1. XRF/XRD, Crystallographic, Dental, etc. In addition, include if it is a cabinet or open-beam source
2. Research, Teaching, etc.
3. For XRF devices, certification from the Natural Resources Canada (NRCAN) National Non-Destructive Testing Certification Body (NDTCB) is required.



Occupancy (required for open-beam sources only):

(Please refer to [X-ray Permit Application Guide](#) for information on occupancy and usage factors)

Direction	Occupancy		Usage factor Percent
	Type	Percent	
Down			
Up			
North			
East			
South			
West			

Attached with application:

Diagram of the lab indicating the location of the x-ray source attached with application

I agree to abide by the Occupational Health and Safety Act – R.R.O 1990, Regulation 861
<https://ehs.utoronto.ca/wp-content/uploads/2015/10/regulation-861.pdf> and by the University of
 Toronto X-ray Safety Program <https://ehs.utoronto.ca/x-ray-safety-program/>

Applicant Signature: _____

Dept. Chair/Head Signature: _____

Date (dd/mm/yyyy): _____